

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6	/						56			
7		/					57			
8		/					58			
9		/					59			
10	/						60			
11		/					61			
12		/					62			
13		/					63			
14		/					64			
15	/						65			
16		/					66			
17		/					67			
18		/					68			
19	/						69			
20	/						70			
21	/						71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29	/						79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41	3						91			
42		/					92			
43		/					93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
TOTAL IND.	12						TOTAL IND.			
TOTAL DEP.	40	→	→	→			TOTAL DEP.	→	→	→
TOTAL CLAIMS	52						TOTAL CLAIMS			